

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Emergency Pregnancy

Dates: 01/01/2017 - 03/31/2017

Grantee Name: Services of Minneapolis

Vendor#0000285535

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	2	7	13	8	2	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
1	0	6	25	0	0

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
3	29	0

4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
5	22	2	2	0	1	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
1	26	5

6. Client Type:

Mother	Father	Grandparent	Other